

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/538877** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
1		/				
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TOTAL IND.		2				
TOTAL DEP.		29				
TOTAL CLAIMS		31				

AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.		
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TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY